2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L03000050103

Entity Name: 1535 THREE VILLAGE RD, LLC

Current Principal Place of Business:

2121 SW 3RD AVE
7TH FLOOR
MIAMI, FL 33129

New Principal Place of Business:

2121 SW 3RD AVE
5TH FLOOR
MIAMI, FL 33129

Current Mailing Address:

2121 SW 3RD AVE
7TH FLOOR
MIAMI, FL 33129

New Mailing Address:

2121 SW 3RD AVE
5TH FLOOR
MIAMI, FL 33129

FEI Number: 20-0459943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLANDER & ASSOCIATES, PA
2121 SW 3RD AVE
5
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

FRIEDLANDER & ASSOCIATES, PA
3700 SHERIDAN STREET
SUITE P
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/22/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PAPPAS, MICHAEL I
Address: 2121 SW 3RD AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete
Name: PAPPAS, TIMOTHY D
Address: 2121 SW 3RD AVE 7TH FLOOR
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PAPPAS, TIMOTHY D
Address: 2121 SW 3RD AVE 5TH FLOOR
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY PAPPAS MGRM 02/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date